	08/24/2006	13:01 1-31	01 1-314-654-3156		LINCKRODT PA	PATENT			PAGE	01/01	
PART B - FEE(S) TRANSMITTAL											
6	Complete and ser	nd this form, toget	fee(s), to: <u>Mail</u> or <u>Fax</u>	Mail Stop ISSU Commissioner P.O. Box 1450 Alexandria, Vi (571)-273-2885	for Pate ginia 2	ents 2313-1450					
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	0, 200,, 110 02						~ ~			(Signature)	
						<u>٠</u> 24	1-iAug	<u>- 200</u>	<u> </u>	(Date)	
	APPLICATION NO.	APPLICATION NO. FILING DATE			OR	ATTORNEY DOCKET NO.			CONFIRMA	TION NO.	
	10/527,301 03/09/200 5 Frank M Fago 1628 WO/LIS TITLE OF INVENTION: POLYMER PHARMCEUTICAL PIG AND ASSOCIATED METHOD OF PRODUCTION										
	APPLN. TYPE	SMALL, ENTITY	ISSUE FEE DUE	PUBLICATION FEE DI	UE PREV. PAID IS	UE FBE	TOTAL FEE	(S) DUE	DATI	e due	
	nonprovisional	NO	\$1400	\$300	\$0		\$170	00	HAL	7/2006	
	EXAMINER A		ART UNIT	CLASS-SUBCLASS		•					
	BUI, LUA		3728	206-364000	000						
	"Fee Address" indi-	ondence address (or Cha 1/122) attached. Cation (or "Fee Address"	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Malinulcroft Inc. St. Louis, Missouri USA									een filed for	
	Please check the appropriate assignce category or entegories (will not be printed on the patent): Individual Corporation or other private group entity Go										
	4a. The following fee(s) a	re submitted:	41	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Exyment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-1140 (enclose an extra copy of this form).							
	5. Change in Entity State a. Applicant claims NOTE: The Issue Fee and	SMALL ENTITY statu	s. See 37 CFR 1.27.	Db. Applicant is no t	longer claiming SM	S A DL ENT	TTY status. S	es 37 CFR	1.27(e)(2)		
	NOTE: The Issue Fee and interest as shown by the re Authorized Signature	exacts of the United Sta	tos Patent and Tradomark	Office,	Date	2 /2	4/20	06	-33-911 00 01 C	- Party III	
	Typed or printed name	Jerad 1	G. Seurer	,	Registration	06213	45.46	7			

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PAGE 1/1 * RCVD AT 8/24/2006 1:59:22 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/2 * DNIS:2732885 * CSID:1 24 6 156 * DURATION (mm-ss):00-30, F COMMERCE